



US ENVIRONMENTAL PROTECTION AGENCY

Assistance Adjustment Notice

Request No. AAN

Recipient Organization Name	Assistance I.D. Number	Date
Community Development Transport Lend Services Inc	DE 83469201	11/03/2014
Address		ACH/ASAP No.
Dale Marsico Fax: 202-737-9197 1341 G Street NW 1000 Washington, DC 20005-3105		0015

The total amount of Federal funds authorized is **\$2,600,000.00** according to your agreement with EPA. Per your Federal Financial Report (FFR) dated **09/30/2014** the following adjustments are needed:

Adjustments



Because only **\$2,365,226.32** was required according to your FFR, there remains a balance of **\$234,773.68** in the authorized amount. This balance will be withdrawn from the award amount on **11/03/2014** and will no longer be available for expenditure.

Refunds/Drawdowns



Our records indicate that you received \$ _____ in EPA assistance funds. However, according to your FFR, you incurred \$ _____ for the total Federal share of outlays.



Since you received payments in excess of your actual requirements, you owe EPA a refund of \$ _____. Within 30 days from the date of this notice, please provide a credit on your next ACH/ASAP payment request (if applicable) or make a check payable to the Environmental Protection Agency, with the assistance identification number included on the check and mail it to:

US Environmental Protection Agency
Las Vegas Finance Center
PO Box 979087
St. Louis, MO 63197-9000

Interest at the annual percentage rate, set on a quarterly basis by the Department of Treasury, will be charged on the unpaid amount for each 30-day period after the refund due date.



Please request final payment of \$ _____. If you have not taken this action by _____, this amount will be withdrawn and will no longer be available to you.



Final payment in the amount of \$ _____ will be processed within the next 5 business days via ACH.

If you have any questions concerning this action, please contact:

James Gombarcik at 702-798-2457 or gombarcik.james@epamail.epa.gov

Comments:

cc: Project Officer: Tyler Cooley

Certified:

Your costs claimed on the Financial Status Report may be subject to subsequent adjustment based on audit finds. This notice must not be considered as the final settlement of allowable costs.

By (Chief, Las Vegas Finance Center)

Date

Dany Lavergne

11-3-14

US EPA, LVFC, 4220 S. Maryland Pkwy, Bldg C, Rm 503, Las Vegas, NV 89119

E-Mailed

Faxed

Mailed

Date

Initials



11/3/14

FEDERAL FINANCIAL REPORT

(Follow form instructions)

REVISED
0015

1. Federal Agency and Organizational Element to Which Report is Submitted Environmental Protection Agency		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) DE-83469201		Page 1	of 1																								
3. Recipient Organization (Name and complete address including Zip code) Community Development Transportation Lending Services 1341 G Street, NW, Washington, DC 20005																													
4a. DUNS Number 62-141-9258	4b. EIN 51-0399907	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 30820	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual																									
8. Project/Grant Period From: (Month, Day, Year) 07/01/2010		To: (Month, Day, Year) 06/30/2014		9. Reporting Period End Date (Month, Day, Year) 06/30/2014																									
10. Transactions (Use lines a-c for single or multiple grant reporting) Federal Cash (To report multiple grants, also use FFR Attachment): a. Cash Receipts b. Cash Disbursements c. Cash on Hand (line a minus b)			Cumulative																										
(Use lines d-o for single grant reporting) Federal Expenditures and Unobligated Balance: d. Total Federal funds authorized e. Federal share of expenditures f. Federal share of unliquidated obligations g. Total Federal share (sum of lines e and f) h. Unobligated balance of Federal funds (line d minus g)																													
Recipient Share: i. Total recipient share required j. Recipient share of expenditures k. Remaining recipient share to be provided (line i minus j)																													
Program Income: l. Total Federal program income earned m. Program income expended in accordance with the deduction alternative n. Program income expended in accordance with the addition alternative o. Unexpended program income (line l minus line m or line n)																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">11. Indirect Expense</th> <th style="width: 10%;">a. Type</th> <th style="width: 10%;">b. Rate</th> <th style="width: 10%;">c. Period From</th> <th style="width: 10%;">Period To</th> <th style="width: 10%;">d. Base</th> <th style="width: 10%;">e. Amount Charged</th> <th style="width: 10%;">f. Federal Share</th> </tr> <tr> <td></td> <td>Provisional</td> <td>90.64</td> <td>07/01/10</td> <td>06/30/2014</td> <td>207,090</td> <td>143,166</td> <td>143,166</td> </tr> <tr> <td colspan="6" style="text-align: right;">g. Totals:</td> <td>207,090</td> <td>143,166</td> </tr> </table>						11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share		Provisional	90.64	07/01/10	06/30/2014	207,090	143,166	143,166	g. Totals:						207,090	143,166
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12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: To Close Grant DE-83469201																													
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)																													
a. Typed or Printed Name and Title of Authorized Certifying Official Dale J. Marsico, Project Manager				c. Telephone (Area code, number and extension) 202-247-1922																									
b. Signature of Authorized Certifying Official				d. Email address marsico@claa.org																									
e. Date Report Submitted (Month, Day, Year) 09/30/2014				14. Agency use only:																									

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.